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CONFIRMATION NO. 4651

|  |   |                                   |   |                                       |
|--|---|-----------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/622,227   | <b>FILING OR 371(c) DATE</b><br>07/18/2003<br><b>RULE</b>   | <b>CLASS</b><br>606               | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET NO.</b><br>AB-349U |
| <b>APPLICANTS</b><br>Andres M. Lozano, Toronto, CANADA;  |   |                                   |   |                                       |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/397,086 07/18/2002 <i>up</i>  |   |                                   |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>done up</i>   |   |                                   |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/17/2003</b>   |   |                                   |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Metapher<br>Verified and Acknowledged <i>Approved</i><br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>26             |
|  |   |                                   |   | <b>INDEPENDENT CLAIMS</b><br>5        |
| <b>ADDRESS</b><br>23845  |   |                                   |   |                                       |
| <b>TITLE</b><br>Brain stimulation lead used for lesioning  |   |                                   |   |                                       |
| <b>FILING FEE RECEIVED</b><br>1026   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |